

# 2019 Day Camp In The Park Application

2019 : Our 41<sup>st</sup> Summer!

**Mailing Address**

6 Kendall Drive  
New City, NY 10956  
**Off-Season Telephone**  
(845)638-2515



**8 Week Summer Telephone**

(845)942-4781/4782  
www.daycampinthepark.com  
Email: dcitp1979@gmail.com  
**MANHATTAN**

## CAMPER INFORMATION (ONE APPLICATION PER CHILD)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 09/2019: \_\_\_\_\_ School: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(only if different than home address)* Camp T-shirt size as of 7/19 \_\_\_\_\_

### PARENT/GUARDIAN #1

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DCITP Alumni? Y N

### PARENT/GUARDIAN #2

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ DCITP Alumni? Y N

### 2019 CAMPER TUITION (AGES 4-13)

<input type="checkbox"/> 8 WEEKS	\$6900
<input type="checkbox"/> 7 WEEKS	\$6600
<input type="checkbox"/> 6 WEEKS	\$6300
<input type="checkbox"/> 5 WEEKS	\$5400
<input type="checkbox"/> 4 WEEKS	\$4600

- Tuition is based on full weeks (M-F) only. No partial weeks, split weeks or exchanged days. Makeups for sick days are not provided. Door to door transportation provided
- A \$500 deposit is to be paid for each camper with application. Deposit is refundable until April 1<sup>st</sup>, 2019. No refunds after April 1<sup>st</sup>, 2019 for any reason. All extensions or changes made after June 1<sup>st</sup>, 2019 will be charged \$1,100.00 per week.

### CHECK WEEKS OF ATTENDANCE (Four week minimum)

<input type="checkbox"/> Week 1	7/1-7/5 (no camp 7/4)
<input type="checkbox"/> Week 2	7/8- 7/12
<input type="checkbox"/> Week 3	7/15- 7/19
<input type="checkbox"/> Week 4	7/22- 7/26
<input type="checkbox"/> Week 5	7/29- 8/2
<input type="checkbox"/> Week 6	8/5- 8/9
<input type="checkbox"/> Week 7	8/12- 8/16
<input type="checkbox"/> Week 8	8/19- 8/23

### SIBLING DISCOUNTS- PER FAMILY

<input type="checkbox"/> 2 campers \$500 discount	<input type="checkbox"/> 3 campers \$1000 discount
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### LEADERSHIP TRAINING (AGE: 14 & 15)

<input type="checkbox"/> Camper Assistant Program (1 <sup>st</sup> yr) 14	Entering Grade 9
<input type="checkbox"/> Counselor In Training (2 <sup>nd</sup> yr) 15	Entering Grade 10

### VISAM/CDISCAMEX Deposit ONLY

Name: \_\_\_\_\_ ex: \_\_\_\_/\_\_\_\_  
cc#: \_\_\_\_\_ cvc code: \_\_\_\_\_

### TUITION ADD ONS

**Hot lunch** (\$50/week)

### Mini Trips for 10-15 year olds (\$65/trip)

Week 1       Week 2       Week 3  
 Week 4       Week 5       Week 6

**TUITION TOTAL:** \_\_\_\_\_

**DEPOSIT:** \_\_\_\_\_

Referring Family: \_\_\_\_\_ (One Family Only)  
How did you hear about us? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

If we cannot reach YOU in the event of an EMERGENCY, please indicate two relatives or friends we may contact, and to whose sole care and custody you authorize us to release your child too. Also, provide your child's primary care physician and telephone number.

Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Camper's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DAY CAMP IN THE PARK MEDICAL/HEALTH HISTORY and RELEASE FORM

Name of Camper \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Last First*

Is the camper covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

To Ken Glotzer:

● I hereby give my consent to allow the staff of any duly licensed hospital or physician to provide routine health care, emergency treatment, administer prescribed medication and nonprescription medication for my child so that his/her health and safety may be maintained. Permission is hereby granted to Day Camp In The Park to take my child on trips out of camp. This completed form may be photocopied for trips out of camp.

● I understand that the use of the camp's facilities involves terrain, activities and group arrangements and interactions that may be new to campers, and that they come with risks and uncertainties beyond what they may be used to dealing with at home or at school. I realize that no environment is risk-free, and so I have instructed my child(ren) on the importance of abiding by the camp's rules, and I represent that he or she is familiar with these rules and will obey them.

● Photographs taken at camp may be used for advertisement purposes. Parent (or employee in a contract) grants permission to use any photograph, film, or other image for promotional purposes, including, but not limited to brochures, DVDs, and our website page and other online postings.

● I give permission for my child to bring to camp and apply his or her own sunscreen or permission for a counselor to apply sunscreen.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All camps are required to be licensed by the Orange County New York State Department of Health and Day Camp In The Park is licensed by that department. It is inspected at least twice a year by the State and a copy of each inspection report is on file at the Orange County Department of Health 124 Main St, Goshen NY 10924. The State Department of Health regulations require the camp to keep updated immunization record on file at camp for each camper. Your health form will not be completed unless there is a documented record of completed immunization. Camp medical insurance will cover medical bills caused by accident in cases which are not payable under any other insurance that you presently carry.